

## Attachment G. Contact information form

Date: \_\_\_\_\_

Participant initials: \_\_\_\_\_

Interviewer initials: \_\_\_\_\_

Recruitment site: \_\_Home \_\_Clinic

First Name: \_\_\_\_\_

Paternal Surname: \_\_\_\_\_

Maternal surname: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Cell phone company: \_\_\_\_\_

Alternative phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternative email: \_\_\_\_\_

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

Zip code: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

Other Contact method: \_\_\_\_\_

Secondary contact first name: \_\_\_\_\_

Paternal last name: \_\_\_\_\_

Maternal last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_